

NOV 17 1937

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

37747

## 1. PLACE OF DEATH

County *Greene*Registration District No. *328*Township *Trenton*Primary Registration District No. *5459*City *Paris* (No. *1*)File No. *37747*Registered No. *37747*St. *1* Ward

## 2. FULL NAME

(a) Residence, No. *Paris* St. *1* Ward. (Usual place of abode)Length of residence in city or town where death occurred yrs. *6* mos. *15* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widower</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Katherine Tron Lee</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar 5, 1955</i>		
7. AGE YEARS <i>82</i>	MONTHS <i>9</i>	DAYS <i>24</i>
If LESS than 1 day, hrs. or min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>	11. Total time (years) spent in this occupation <i>Life</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Farmer</i>	
10. Date deceased last worked at this occupation (month and year) <i>1937</i>	

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ottumwa Iowa</i>
13. NAME <i>Larkin Monk Sr.</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>
15. MAIDEN NAME <i>Malinda Camber</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i>
17. INFORMANT <i>Nellie McLaughlin</i> (ADDRESS) <i>Trenton, Mo.</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Greenwood Cem</i> DATE <i>Nov. 1 1937</i>
19. UNDERTAKER <i>Henry Funeral Home</i> (ADDRESS) <i>Trenton, Mo.</i>
20. FILED <i>10-30-37</i> <i>D. J. Fair</i> Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 30 1937*22. I HEREBY CERTIFY, That I attended deceased from *Oct 26 1937* to *Oct 30 1937*I last saw him alive on *Oct 28 1937* Death is said to have occurred on the date stated above, at *4 P.* m.

The principal cause of death and related causes of importance were as follows:

*Hemiplegia from Cerebral Thrombosis - left side*

Date of onset *Oct 26-37*

Other contributory causes of importance:

*None except age*

Name of operation *None* Date of *Oct 30 1937*What test confirmed diagnosis? *Pathology* Was there an autopsy? *No*23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury *1937*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *J. H. Fair* M. D.(Address) *Paris, Mo.*

N. B.—Every item of information furnished on this form is supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

